

**U.S. DEPARTMENT OF TRANSPORTATION  
SMALL BUSINESS INNOVATION RESEARCH PROGRAM  
SOLICITATION NO. DTRT57-09-R-SBIR1  
FY09.1**

**APPENDIX C  
(SCHEDULE 1)**

**CONTRACT PRICING PROPOSAL**

<b>PROPOSAL COVER SHEET</b>				1. SOLICITATION/CONTRACT/MODIFICATION NUMBER			
2a. NAME OF OFFEROR				3a. NAME OF OFFEROR'S POINT OF CONTACT			
2b. FIRST LINE ADDRESS				3b. TITLE OF OFFEROR'S POINT OF CONTACT			
2c. STREET ADDRESS							
				3c. TELEPHONE		3c. FACSIMILE	
2d. CITY	2e. STATE	2f. ZIP CODE		AREA CODE	NUMBER	AREA CODE	NUMBER
4. TYPE OF CONTRACT OR SUBCONTRACT ( <i>Check</i> )				5. <input type="checkbox"/> PRIME OFFEROR			
<input checked="" type="checkbox"/> FFP <input type="checkbox"/> CPFF <input type="checkbox"/> CPIF <input type="checkbox"/> CPAF <input type="checkbox"/> FPI <input type="checkbox"/> OTHER ( <i>Specify</i> )				<input type="checkbox"/> SUBCONTRACTOR _____ <div style="text-align: right;">PRIME OFFEROR'S NAME</div>			
6. ESTIMATED COST, FEE, AND PROFIT INFORMATION							
A. ESTIMATED COST							
B. PROFIT							
C. TOTAL PRICE							
7. PROVIDE THE FOLLOWING							
NAME OF COGNIZANT CONTRACT ADMINISTRATIVE AGENCY				NAME OF COGNIZANT GOVERNMENT AUDIT AGENCY			
STREET ADDRESS				STREET ADDRESS			
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE	
TELEPHONE	AREA CODE	NUMBER		TELEPHONE	AREA CODE	NUMBER	
FACSIMILE	AREA CODE	NUMBER		FACSIMILE	AREA CODE	NUMBER	
NAME OF CONTACT				NAME OF CONTACT			
PROPERTY SYSTEM <input type="checkbox"/> Reviewed by cognizant contract administrative agency and determined acceptable <input type="checkbox"/> Reviewed by cognizant contract administrative agency and determined not acceptable <input type="checkbox"/> Never reviewed				APPROXIMATE DATE OF LAST AUDIT  PURPOSE OF AUDIT <div style="text-align: right;">(e.g. proposal review, establishment of billing rates, finalize indirect rates, etc.)</div>			
PURCHASING SYSTEM <input type="checkbox"/> Reviewed by cognizant contract administrative agency and determined acceptable <input type="checkbox"/> Reviewed by cognizant contract administrative agency and determined not acceptable <input type="checkbox"/> Never reviewed				ACCOUNTING SYSTEM <input type="checkbox"/> Audited and determined acceptable <input type="checkbox"/> Audited and determined not acceptable <input type="checkbox"/> Never audited			
				OFFEROR'S FISCAL YEAR			
8a. NAME OF OFFEROR ( <i>Typed</i> )				9. NAME OF FIRM			
8b. TITLE OF OFFEROR ( <i>Typed</i> )							
10. SIGNATURE						11. DATE OF SUBMISSION	

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**Background**

The following items, as appropriate, should be included in proposals responsive to this Solicitation.

**Cost Breakdown Items** (in this order, as appropriate) (See Section III.E)

1	Name of offeror		
2	Address of offeror		
3	Location where work will be performed		
4	Offeror's Project Title		
5	Research topic number and title from DOT SBIR Program Solicitation		
6.	<b>Total Proposal Amount</b>		\$ <input type="text"/>
7.	<b>Direct Material Costs</b>		
	a. Purchased Parts		\$ <input type="text"/>
	b. Subcontracted Items		\$ <input type="text"/>
	c. Other		\$ <input type="text"/>
	(1) Raw Materials		\$ <input type="text"/>
	(2) Standard Commercial Items		\$ <input type="text"/>
	<b>Total Direct Materials (TDM)</b>		\$ <input type="text"/>
8.	<b>Material Overhead (TDM x Rate %)</b>		
		Rate	Amount
	<b>Total Material Overhead (TMO)</b>	<input type="text"/> %	\$ <input type="text"/>
9.	<b>Total Materials (TDM + TMO)</b>		
	\$ <input type="text"/>		
10	<b>Direct Labor</b>		
	Type / Personnel	Hours	Rate (\$ / Hr)
			\$ <input type="text"/>
			\$ <input type="text"/>
			\$ <input type="text"/>
	<b>Total Direct Labor (TDL)</b>		\$ <input type="text"/>
11.	<b>Labor Overhead (TDL x Overhead Rate)</b>		
		Rate	Amount
	<b>Total Labor Overhead (TLO)</b>	<input type="text"/> %	\$ <input type="text"/>
12.	<b>Labor: Fringe Benefits (TDL x Benefit Rate)</b>		
		Rate (% or \$ / Hr)	Amount
	<b>Fringe Benefits</b>	<input type="text"/>	\$ <input type="text"/>
13.	<b>Total Labor (TDL + TLO + Fringe)</b>		
	\$ <input type="text"/>		
14	<b>Direct Costs: Special Testing</b> (Include field work at Government installations)		
	Item & Anticipated Use	Unit Cost	Estimated Cost
			\$ <input type="text"/>
			\$ <input type="text"/>
			\$ <input type="text"/>
			\$ <input type="text"/>

	<b>Estimated Total Special Testing</b>				\$	
15.	<b>Direct Costs: Special Equipment</b>					
	Item & Anticipated Use			Unit Cost	Amount	
					\$	
					\$	
					\$	
	<b>Estimated Total Special Equipment</b>				\$	
16	<b>Direct Costs: Travel</b>					
	Travel Location	Mode of Travel	# of Trips	Per Diem	Amount	
					\$	
					\$	
	<b>Travel</b>				\$	
17	<b>Direct Costs: Consultant Services</b>					
	Description of Service				Amount	
					\$	
					\$	
	<b>Total Consultant Services</b>				\$	
18	<b>Direct Costs: Other Direct Costs (ODC) not previously accounted for.</b>					
	Item & Anticipated Use			Unit Cost if applicable	Amount	
					\$	
					\$	
					\$	
	<b>Total Other Direct Costs</b>				\$	
19	<b>Total Direct Costs (TDC) (Sum of Line No. 14 – 18)</b>				Amount	
					\$	
20	<b>General &amp; Administrative Expense ((Total Materials + Total Labor + Total ODC) x Rate)</b>					
				Rate %	Amount	
					\$	
21	<b>Royalties</b>					
	Description				Amount	
					\$	
	<b>Total</b>				\$	
22	<b>Total Cost (Sum of lines 9, 13, 19, 20 &amp; 21)</b>				Amount	
					\$	
23	<b>Profit (Total Cost x Profit Rate)</b>					
				Rate %	Calculated Amount	
					\$	
24	<b>Total Firm Fixed Price Amount (Total Cost + Profit)</b>			\$		
25	THE COST BREAKDOWN PORTION OF A PROPOSAL MUST BE SIGNED BY A RESPONSIBLE OFFICIAL OF THE FIRM. (INCLUDE TYPED NAME AND TITLE AND DATE OF SIGNATURE IN THE SPACE PROVIDED ON THE COVERPAGE OF THIS PROPOSAL)					
26	<b>Provide a <u>yes</u> or <u>no</u> answer to each of the following questions:</b>					(Yes / No)
	Has any executive agency of the United States Government performed any review of your accounts or records in connection with any other Government prime contract or subcontract within the past twelve months? If yes, provide the name and address of the reviewing office, name of the individual and telephone/extension below _____ _____ _____					
	Will you require the use of any Government property in the performance of this					

	proposal? If yes, identify. _____ _____	
	Do you require Government contract financing to perform this proposed contract? If yes, specify type as advanced payments or progress payments. _____ _____ _____	
27	Type of contract proposed is, <u>firm-fixed price</u>	
28	<b>DUNS number, if available</b> _____ (See Section III.F)	
29	<b>Tax Identification Number, if available</b> _____	